

Division of Licensing and Protection  
103 South Main Street  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

March 31, 2015

Mr. Raymond Andrews, Administrator  
Autumn House  
141 South Branch Street  
Bennington, VT 05201-2677

Dear Mr. Andrews:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 5, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0256	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  C 03/05/2015
NAME OF PROVIDER OR SUPPLIER  AUTUMN HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 141 SOUTH BRANCH STREET BENNINGTON, VT 05201			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R100	Initial Comments:  An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 3/5/15. There were findings.	R100			
R185 SS=A	V. RESIDENT CARE AND HOME SERVICES  5.8 Records/Reports  5.12.a The licensee shall be responsible for maintaining, filing and submitting all records required by the licensing agency. Such records shall be kept current and available for review at any time by authorized representatives of the licensing agency.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to maintain all records required by the licensing agency available for review at any time by authorized representatives of the licensing agency. Findings include:  On 3/5/15 upon arrival to the facility at 11:45 AM, it was made known to the administrator that a review of employee files would be done. S/he stated that the files are not kept at the facility and he would need to contact Human Resources (HR) at the main building to get them. At 12:02 PM, s/he made the call to request the files for 5 employees. The files did not arrive until 1:21 PM and were delivered by the HR Director. The HR Director concurred at this time that the files are not readily available at the individual facility.  Refer to R190.	R185	See attached plan of correction. 7/1/15		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

LL7K11

continuation sheet 1 of 5

R185 - R224 POC accepted 3/24/15 BBorken RN/pml

Division of Licensing and Protection

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R190	Continued From page 1	R190		
R190 SS=A	V. RESIDENT CARE AND HOME SERVICES	R190		
	5.12.b.(4)			
	The results of the criminal record and adult abuse registry checks for all staff.			
	This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the results of the criminal record and adult abuse registry checks are not maintained on-site at the location of the home. Findings include:			
	On 3/5/15 upon arrival to the facility at 11:45 AM, it was made known to the administrator that a review of employee files would be done. S/he stated that the files are not kept at the facility and he would need to contact Human Resources (HR) at the main building to get them. At 12:02 PM, s/he made the call to request the files for 5 employees. The files did not arrive until 1:21 PM and were delivered by the HR Director. The HR Director concurred at this time that the files are not readily available at the individual facility.			
R206 SS=D	V. RESIDENT CARE AND HOME SERVICES	R206		
	5.18 Reporting of Abuse, Neglect or Exploitation			
	5.18.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to the Adult Protective Services (APS) as required by 33 V.S.A. §6903. APS may be contacted by calling toll-free 1-800-564-1612. Reports must be made to APS within 48 hours of learning of the			

*See attached Plan of Correction 7/1/15*

*See attached Plan of Correction 3/12/15*

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R206	Continued From page 2  suspected, reported or alleged incident.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to report a case of suspected abuse to the State Agency for Resident #1 as evidenced by the following.  On 3/5/15, during review of the internal investigation surrounding an incident that involved Resident #1, it was noted that an incident involving suspected verbal and physical abuse occurred on 9/25/14 about 7:30 PM. The incident was then not reported by the 2 individual employees that witnessed the incident until one of them came forward on 9/29/14 and reported it to the administrator. Per internal investigation report, the administration did not report the incident until 10/7/14. The administrator stated at 1:10 PM, that s/he had not reported it until 10/7/14 and that the employee that notified him/her had not done so until 9/29/14.	R206		
R213 SS=D	VI. RESIDENTS' RIGHTS  6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that Resident #1 was treated with consideration, respect and full recognition of the resident's dignity. Findings	R213	See attached Plan of Correction	5/1/15

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R213	Continued From page 3  include:  On 3/5/15 during a review of the investigative report and interview with the administrator, it was presented that the alleged perpetrator (AP) was attempting to put Resident #1 to bed with the 2 caregivers that were assigned to the house the evening of 9/25/14. Both of the care givers were fairly new to their positions and in spite of being told they did not need the help, the AP insisted. When Resident #1 resisted being helped up from the wheelchair, the AP yelled at Resident #1 and told him/her that "We are not going to do this tonight." It was loud enough to make both of the other staff feel uncomfortable. Per report, when Resident #1 was not getting up quick enough the AP continued to yell and grabbed him/her face/jaw area with a slight shake and said "Knock it off- Behave", while yelling at him/her. The report continues to include that the AP then covered the mouth of Resident #1 with a wet washcloth and told him/her to stop spitting, saying "you are not going to spit". Per witnesses, the resident was unable to spit, but was making motions as if spitting. At 12:21 PM while reviewing the incident with the administrator, s/he stated that "the resident was definitely not treated with dignity and respect". The administrator stated that protocol was not being followed, which is to allow quiet time during periods of being resistive and then to re-approach.	R213			
R224 SS=D	VI. RESIDENTS' RIGHTS  6.12 Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation. Residents shall also be free from restraints as described in Section 5.14.	R224	<i>See Attached Plan of Corrections</i> 5/1/15		

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R224	Continued From page 4  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that Resident #1 was free from verbal or physical abuse. Findings include:  On 3/5/15 during a review of the investigative report and interview with the administrator, it was presented that the alleged perpetrator (AP) was attempting to put Resident #1 to bed with the 2 caregivers that were assigned to the house the evening of 9/25/14. Both of the care givers were fairly new to their positions and in spite of being told they did not need the help, the AP insisted. When Resident #1 resisted being helped up from the wheelchair, the AP yelled at Resident #1 and told him/her that "We are not going to do this tonight." It was loud enough to make both of the other staff feel uncomfortable. Per report, when Resident #1 was not getting up quick enough the AP continued to yell and grabbed him/her face/jaw area with a slight shake and said "Knock it off- Behave", while yelling at him/her. The report continues to include that the AP then covered the mouth of Resident #1 with a wet washcloth and told him/her to stop spitting, saying "you are not going to spit". Per witnesses, the resident was unable to spit, but was making motions as if spitting. At 12:21 PM while reviewing the incident with the administrator, s/he stated that "the resident was definitely not treated with dignity and respect". The administrator stated that protocol was not being followed, which is to allow quiet time during periods of being resistive and then to re-approach.	R224	

### 3/25/15 Plan of Correction: Autumn House Group Home, UCS

#### **R185 and R190: Records and Reports: Employee files on site.**

**Plan of Correction:** The facility manager, Program Coordinator, and DS Director will work with the agency HR department to establish a method of making these confidential records available on-site, with no delay, in a manner that is in compliance with legal requirements to protect all employee records from unauthorized access.

**Completion Date of Correction:** 7/1/15

**Monitoring Plan:** The Group Home Manager will ensure coordination with the UCS HR Dept. in order to maintain background checks for all staff at the group home, ensuring confidentiality as mandated.

#### **R206 Report any case of suspected abuse, neglect, or exploitation within 48 hours.**

**Plan of Correction:** All staff were retrained on Abuse Reporting Requirements on 9/15/14, 11/18/14 and again on 3/12/15. The requirement of reporting within 48 hours was stressed, even if the potential threat to the person has been removed from the facility or if you have reason to believe that the accusation was false. In this particular case, the staff person was put out on leave immediately upon the manager being informed of the allegation, and subsequently terminated. However, the manager is now recognizing that the elimination of the potential threat does not negate the need to meet the 48 hour reporting requirement.

Re-training will occur at a staff meeting each quarter. The manager will ensure that he reports all allegations within the 48 hour timeframe. The Program Coordinator will review all reports and ensure compliance.

**Completion Date of Correction:** 3/12/15

**Monitoring Plan:** All allegations will be immediately reported to the Program Coordinator, who will ensure that the proper reporting occurs. The Program Coordinator will provide weekly supervision of the Program Manager.

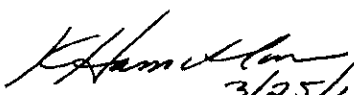
#### **R213 and R224 Resident's Rights; Dignity and respect; free from abuse.**

**Plan of Correction:** As is practice, any staff person who is alleged to have not treated a resident with dignity and respect, or who is accused of any verbal or physical abuse or neglect, is immediately put out on administrative leave until an investigation clears them from the allegation. Even if cleared by APS, the agency may decide to terminate the individual. This procedure was followed in this report on LC.

Behavioral Support Plans are implemented and reviewed with staff. The manager will ensure that the protocols are reviewed quarterly at staff meetings and that all new staff are thoroughly trained on them. Resident's Rights training was provided on 9/15/14 and will occur again on 3/25/15. All staff will go back through our Respectful Interactions Training by 5/1/15.

**Completion Date of Correction:** 5/1/15

**Monitoring Plan:** The Autumn House Manager will ensure that all residents are treated with dignity and respect at all times by all staff. On-going training and role-modeling will occur. Any reports to the contrary will be immediately dealt with as described above. The Program Coordinator will monitor through weekly supervision of the Program Manager.

  
3/25/15